Mississippi Department of Human Services/Division of Youth Services Entrance Interview

| | Facility Name: |
|-----|---|
| | Student Name: Date: |
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| 1. | What grade are you currently in? |
| 2. | What grade should you be in? |
| 3. | How old are you? |
| 4. | What is your date of birth? |
| 5. | Have you been receiving or have you ever received special services? |
| | What classes are you currently taking? |
| | How many students were usually in your class? |
| 8. | Did you exchange classes or remain in the same class all day? |
| 9. | What school did you attend? |
| 10. | What county are you from? |
| 11. | Are you interested in GED if eligible? |
| 12. | Are you currently taking any medications(s)? |
| | Signatures: Student |
| | Teacher |
| | 02/01/17 Special Education: Admission Procedures Policy XII.1.A |